FOOD STAMP PROGRAM REQUEST FOR REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. Retain a copy of the FS 24 for your records. For counties asking for policy interpretations, submit the question directly to a FRAT representative via e-mail. For

oth	er organizations (e.g., Quality Control, Administrative Law Judges) it or Employment and Special Projects Unit representative via e-mail), sub	nit the question directly omit questions directly	y to a FR. to the Fo	ood Stamp Policy Implementation	
1.	RESPONSE NEEDED DUE TO:	5.	DATE OF REQUEST:		NEED RESPONSE BY:	
	☐ Policy/Regulation Interpretation		1-17-12		As soon as possible	
	□ QC	6.	COUNTY/ORGANIZATION		7 to occil do poccipio	
	Fair Hearing		Sacramento	-		
	Immediate Need/Emergency Services	7.	SUBJECT:			
	Other:		Cal Fresh overissua	ınce		
2.	REQUESTOR NAME:	8.	REFERENCES: (Include A	ACL/ACIN, c	court cases, etc. in references)	
		NOTE: All requests must have a regulation cite(s) and/or a reference(s).				
3.	PHONE NO.:		ACL 03-18			
4.	REGULATION CITE(S):					
	63-509(e)(1);					
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY): On her February and May 2011 QR7 forms, the recipient reported					
	When the county discovered the second employer an overissuance an overissuance for July August and September. The recipient approlosed the business on July 31 and that her paychecks for July con account. She asks a reduction in the overissuance for the months September.	peale	d and provided pay re- ot be cashed as there	cords to e	establish that this employer conev in the business's bank	
10.	REQUESTOR'S PROPOSED ANSWER:					
	Based on budgeting regulations it appears that it is appropriate to decrease the overissuance for the months she received no income from the second employer. The ACL describing calculation of overissuance under QR7 deals primarily with changes in income during the benefit months which if acted upon by the county would decrease the recipient's benefits. The instant case involves a change which would have increased the recipient's benefits if all had been reported timely, but the case before me is one of decreasing the amount of an overissuance. I propose to apply the instruction in ACL 03-18: "If a recipient fails to report income any time (s)he is required to report, or the CWD fails to act correctly on a recipient report, the CWD shall redetermine the benefits the recipient would have received based on an accurate report and correct county action." If a more appropriate ACL or regulation exists covering recalculation of overissuances I am not aware of it, please direct me to it.					
11.	FRAT RESPONSE TO COUNTY QUESTION:					
12.	STATE POLICY RESPONSE (FSPIU USE ONLY):					
	We need to look at was was required to be reported but cannot presume that a client would have made a voluntary report.					
	We would compute the OI based on the income we would have used had the client reported timely and accurately but not taking into account any voluntary changes the client could have reported. Therefore in this case the OI would be based on the income that should have been reported on the May QR7 and is not reduced due to decrease in income in July as that decrease was not reported in July.					
	Please reference 63-508.14(a) and (b) regarding mandatory and vi	olunt	ary recipient reports w	hich may	adjust benefits.	

FOR FRAT USE DATE RECEIVED: DATE RESPONDED TO COUNTY: DATE FORWARDED TO STATE: TΑ